

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
TRANSACTION REPORT OF MONEY ORDER SELLERS AND MONEY TRANSMITTERS
FOR THE SEMI-ANNUAL PERIOD ENDING December 31, 2007

Licensee's Name and Mailing Address _____

Licensee's Federal Identification Number (FIN): _____

Licensee's E-mail Address (if any): _____

Provide the following information with respect to business conducted pursuant to the Virginia Money Order Sales Act for the period ending December 31, 2007. (Virginia Business Only)

Month	Total Dollar Sales of Money Orders	Total Dollar Sales of Money Transmission Services
1. July	_____	_____
2. August	_____	_____
3. September	_____	_____
4. October	_____	_____
5. November	_____	_____
6. December	_____	_____
7. Total For Period	_____	_____

The undersigned certifies that the facts outlined in this report are true and that he/she has been duly authorized to file the report.

Date

Signature

Telephone Number

Print Name and Title

FOR OFFICIAL USE ONLY

8. Monthly Average	_____	_____
9. Monthly Average from Previous Reporting Period	_____	_____
10. Combined Average	_____	_____
11. Bond requirement	_____	_____